

Regular Part-time

**FIRSTHEALTH OF THE CAROLINAS
2008 FIRSTCHOICE BENEFIT SELECTION FORM**

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MEDICAL INSURANCE

	<u>Employee Only</u>	<u>Employee Child</u>	<u>Employee Children</u>	<u>Employee Spouse</u>	<u>Employee Family</u>	Price
Employee Contribution	\$ 80.00	\$115.00	\$165.00	\$180.00	\$220.00	\$ _____

DENTAL INSURANCE

	<u>Employee Only</u>	<u>Employee Child</u>	<u>Employee Spouse</u>	<u>Employee Family</u>	
Employee Contribution	\$ 9.00	\$ 20.00	\$ 20.00	\$ 32.00	\$ _____

SHORT TERM DISABILITY INSURANCE

(Based on base hourly rate) \$ _____

Bi-Weekly Pre-tax Insurance Payroll Deduction \$ _____

MEDICAL SPENDING ACCOUNT: (\$20.00 per payperiod Minimum) \$ _____

DEPENDENT CARE SPENDING ACCOUNT: (\$20.00 per payperiod Minimum) \$ _____

DEPENDENT HEALTH INSURANCE AFTER-TAX _____ **X \$35.00** \$ _____

DEPENDENT DENTAL INSURANCE AFTER-TAX _____ **X \$11.00** \$ _____

I understand that I cannot change or revoke my choices during 2008, unless I have a change in my family status (marriage, divorce, death of a spouse or child, birth of or adoption of a child, or termination of my spouse's employment.)

Signature

Date